

INSTRUCTIONS FOR FILING A CLAIM

COMPLETE EMPLOYEE'S STATEMENT. PLEASE BE SURE TO ANSWER EVERY QUESTION.

All bills must show patient's name, date(s) of treatment, nature of treatment (diagnosis) and fee for each service.

If a claim is for prescription drugs, attach bills to form after completing "Employee's Statement of Claim" section. All bills must show: patient's name; prescription number; date(s) of purchase; and charge.

If claim is for registered nurses, x-ray, laboratory or medical equipment, attach bills to the form after completing "Employee's Statement of Claim" section. All bills must show: patient's name; nature and date(s) of service; amount of charge; and prescribing physician. Additional data will be requested if needed.

This list follows the numerical order on the claim form:

- 1.) *Check the appropriate box for whom the claim is being made.*
- 2.) *Provide the patient's name, date of birth and sex.*
- 3.) *Check the appropriate box (yes or no) if the claim is due to an accident. State where the accident occurred and the date of the accident. Please provide a brief description of the accident.*
- 4.) *Check the appropriate box (yes or no) if the claim is work related.*
- 5.) *Check the appropriate box(es) if the employee is married and if the spouse is employed. Provide the employer's name and address.*
 - a.) *If the claim is for a dependent child, check the appropriate box if the child is employed. Provide the employer's name and address.*
- 6.) *If the patient is eligible for benefits under another plan, please check the appropriate box and provide the name and address of the insurance carrier or company providing the other benefits for the patient.*
- 7.) *Provide the employee's name and address.*
- 8.) *Sign and date the claim form.*
- 9.) *Sign and date the Assignment of Benefits, if applicable.*
- 10.) *Provide the employer's name and address.*

***Mail the claim form and the itemized bill to Allied Benefit Systems, Inc. P.O. Box 909786-60690,
Chicago, IL 60690.***

KEEP A COPY FOR YOUR RECORDS.

IMPORTANT ITEMS TO NOTE

- 1.) All charges must be submitted within the time frame specified in the summary plan description. Failure to do so will result in the denial of the charges.
- 2.) From time to time, additional information may be requested in order to process a claim. Any additional information, i.e., other insurance payments, completed claim forms, subrogation forms, accident details, police reports, etc., must be submitted when requested. Failure to do so may result in the denial of the claim.
- 3.) ALWAYS retain a copy for your records.